



Mark Sanford
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Board of Medical Examiners

Complaint Form

Please type or print legibly.

Complainant

Name: _____

Address: _____
(Number and Street)

City: _____ State: _____ Zip Code: _____

Daytime Phone: (____) _____ Fax: (____) _____

Evening Phone: (____) _____ Email address: _____

What is the best way to reach you? Daytime Phone Evening Phone E-mail



Licensee Information

Name: _____
(Last) (First) (Middle Initial)

Business Name: _____

Address: _____
(Number and Street)

City: _____ State: _____ Zip Code: _____

Business Phone: (____) _____

Have you discussed your concerns with the above named licensee? Yes _____ No _____

If yes, what was the result?

